



# State of New Jersey

OFFICE OF THE ATTORNEY GENERAL  
DEPARTMENT OF LAW AND PUBLIC SAFETY  
STATE ATHLETIC CONTROL BOARD  
P.O. Box 180  
TRENTON, NJ 08625-0180

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KIM GUADAGNO  
*Lt. Governor*

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AARON M. DAVIS  
*Commissioner*

TO: PROFESSIONAL BOXING/MIXED MARTIAL ARTS/KICKBOXING MANAGERS AND SECONDS

FROM: Aaron M. Davis  
Commissioner

RE: New Jersey Boxer/Mixed Martial Arts/Kickboxer Manager and Second License Application  
**LICENSE PERIOD (INITIAL/RENEWAL): July 1 - June 30**

**Enclosed are the annual requirements for license application as a Professional Boxing/Mixed Martial Arts/Kickboxing Manager or Second in the State of New Jersey.**

To be licensed as an **Manager**, you must submit the following to this office:

1. Completed License Application Form
2. Check or money order in the amount of \$25.00, payable to the NJ State Athletic Control Board
3. Suggested: NJ Boxer-Manager Contracts (see managers note on reverse side of this document)

To be licensed as a **Second**, you must submit the following to this office:

1. Completed License Application Form
2. Check or money order in the amount of \$25.00 payable to the NJ State Athletic Control Board

**NOTE:** If you are applying for both Manager and Second licenses, please submit a check or money order in the amount of \$50.00, payable to the NJ State Athletic Control Board.

**AN INCOMPLETE APPLICATION WILL BE RETURNED TO YOU, DELAYING ISSUE OF YOUR LICENSE AND FUTURE SHOW ASSIGNMENTS.**

**LICENSEES ARE REMINDED:** You are subject to the requirements of State Athletic Control Board rules, provided by Chapter 46 of New Jersey's Administrative Code. Specific attention is directed to "Subchapter 23, Standards of Conduct". Subchapter 23 identifies financial interests that are prohibited and other financial interests that require prior disclosure to this office.



**MANAGERS**: The requirements of "Subchapter 12, Rules to Safeguard Health" also should be given particular attention. They include mandatory Medical Examinations needed by Professional Boxers to obtain a license to box in the State of New Jersey.

To reduce the cost for individual tests, the Board has obtained an agreement from Occupational Health, Bridgeton Health Center to provide medical testing at specific rates. For further information contact:

Occupational Health  
Bridgeton Health Center, Ground Floor  
333 Irving Avenue, Bridgeton, New Jersey 08302  
Phone: 856.575.4835 (direct phone #)  
Fax: 856.453.1218  
E-Mail: [piercej@sjhs.com](mailto:piercej@sjhs.com)

**MANAGERS**: You should also pay attention to "Subchapter 5, Boxers" and the subject of Boxer-Manager contracts within New Jersey. Submitting a valid Boxer-Manager contract to this office may avoid possible disputes or court action. **IMPORTANT: EFFECTIVE JUNE 15, 2004, ALL BOXER-MANAGER CONTRACTS SHALL BE EXECUTED AND SIGNED IN THE PRESENCE OF THE COMMISSIONER. IN ORDER TO HAVE THE CONTRACT RECOGNIZED, PLEASE SCHEDULE AN APPOINTMENT WITH THE COMMISSIONER.**

If there are any questions regarding your application, please contact this office at (609) 292-0317.

AMD/tg  
Enclosures  
REV: 02.2012

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*Commissioner*

January 2010

Dear Applicant:

Please be advised that new procedures for obtaining a SACB license are being implemented. Please note and adhere to the directions below.

All application packets must be completed in full and received by New Jersey State Athletic Control Board office no later than 4:00 p.m. two days prior to the event. Application packets will consist of:

- an application
- a digital photo ID (driver's license or passport) e-mailed via jpeg or bitmap format (cannot be faxed)
- a signature in bold pen spanning the width of an 8.5 x 11 sheet of paper
- a digital "head shot" photo (cannot be faxed) and if e-mailed jpeg or bitmap format
- a check or money order covering all fees (made payable to N.J.S.A.C.B.)

Application packets can be submitted by e-mail ([SACBLicensing@lps.state.nj.us](mailto:SACBLicensing@lps.state.nj.us)), US mail, or in person at the Trenton office.

No license will be issued until all requirements are met.

Sincerely,

Aaron M. Davis  
Commissioner  
SACB

AMD/tg

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TELEPHONE: (609) 292-0317 FAX: (609) 292-3756

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**SECTION I - All Applicants Complete Check ( ✓ ) or circle Type/s of License**

<b>Last Name:</b>	<b>CONTESTANT</b>	<b>MANAGER</b>	<b>SECOND</b>	<b>ANNOUNCER <input type="checkbox"/> \$25</b>
	Boxer <input type="checkbox"/> \$5	Boxing <input type="checkbox"/> \$25	Boxing <input type="checkbox"/> \$25	<b>TIMEKEEPER <input type="checkbox"/> \$25</b>
	Kickboxer <input type="checkbox"/> \$5	Kickboxer <input type="checkbox"/> \$25	Kickboxer <input type="checkbox"/> \$25	<b>INSPECTOR <input type="checkbox"/> \$0</b>
<b>First Name:</b>	MMA <input type="checkbox"/> \$5	MMA <input type="checkbox"/> \$25	MMA <input type="checkbox"/> \$25	<b>PHYSICIAN <input type="checkbox"/> \$0</b>
	<b>REFEREE</b>	<b>JUDGE</b>	<b>PROMOTER</b>	<b>MATCHMAKER</b>
	Boxing <input type="checkbox"/> \$75	Boxing <input type="checkbox"/> \$75	Boxing <input type="checkbox"/> \$300	Boxing <input type="checkbox"/> \$100
<b>Middle Name:</b>	Kickboxing <input type="checkbox"/> \$75	Kickboxing <input type="checkbox"/> \$75	Kickboxing <input type="checkbox"/> \$300	Kickboxing <input type="checkbox"/> \$100
	MMA <input type="checkbox"/> \$75	MMA <input type="checkbox"/> \$75	MMA <input type="checkbox"/> \$300	MMA <input type="checkbox"/> \$100
	Amateur MMA <input type="checkbox"/> \$75	Amateur MMA <input type="checkbox"/> \$75	Amateur MMA <input type="checkbox"/> \$300	Amateur MMA <input type="checkbox"/> \$100
<b>AKA or Alias:</b>				

Address:	City:	State:	Zip:	Country:
Mailing Address:	City	State:	Zip	Country

Date of Birth: ____/____/____	Sex: <b>Male</b> <b>Female</b>	Have you ever been convicted of a crime? If yes, explain: <b>YES</b> <b>NO</b>
Social Security No. ____/____/____	Height _____ Weight _____	Are you presently on any suspension list? If yes, please explain: <b>YES</b> <b>NO</b>
Citizenship:	Place of Birth (City/State):	Have you ever been disqualified in any contest or disciplined for your actions during a contest? If yes, please explain: <b>YES</b> <b>NO</b>
E-Mail:		Has any license you've held been revoked? <b>YES</b> <b>NO</b> If yes, please explain:
Telephone:(Residence) ( )	Telephone:(Business) ( )	List all other Athletic Commissions in which you are licensed:
Telephone: (Cell) ( )	Fax: ( )	NJSACB Office Use

**Section II - Boxer's, Kickboxer's & Mixed Martial Artist Only - Please Print**

Have you ever been hospitalized due to an injury suffered in any contest? If YES, please explain <b>YES</b> <b>NO</b>	Do you have any current medical conditions? <b>YES</b> <b>NO</b> If YES, please explain.
Have you had amateur experience? <b>YES</b> <b>NO</b> Amateur Record: _____ Number of Fights: _____	
Submission Grappling Record: _____ Name of Gym or Club where you trained: _____	
Do you have a <b>Manager</b> and/or <b>Trainer</b> ? <b>YES</b> <b>NO</b> If yes, provide name	
Manager Name: _____	Address: _____ Contact # _____
Trainer Name: _____	Address: _____ Contact# _____

**SECTION II (continued) \*\*Fighters Only\*\* Communicable Bodily Fluid Virus High-Risk Questionnaire\*\***

1. Do you have any immediate family members who have HIV, Hepatitis B or C? **YES NO** If yes, please provide detail.  
\_\_\_\_\_
2. Have you received a transfusion of blood or blood components? **YES NO** If yes, specify date, location, reason  
\_\_\_\_\_
3. Have you had surgery requiring blood products? **YES NO** If yes, specify date, location, reason  
\_\_\_\_\_
4. Have you used injectable drugs? **YES NO** If yes, specify date of most recent injection \_\_\_\_\_
5. Have you been sexually active with an individual who has HIV, Hepatitis B or C? **YES NO** If Yes, please provide most recent date of such activity: \_\_\_\_\_
6. Have you engaged in unprotected sex? **YES NO** If Yes, please provide most recent date of such activity \_\_\_\_\_
7. Have you had sex with a injectable user? **YES NO** If Yes, please provide most recent date of such activity \_\_\_\_\_
8. Have you worked in a health care or laboratory setting? **YES NO** If Yes, please provide appropriate dates: \_\_\_\_\_
9. Have you been imprisoned or worked in a prison or any type of correctional facility: **YES NO** If Yes provide appropriate dates: \_\_\_\_\_
10. Do you have any tattoos or body piercing? **YES NO** If Yes, when was most recent one obtained \_\_\_\_\_
11. Do you have any reason to believe that you may have contracted HIV or Hepatitis B or C at anytime? **YES NO**  
If Yes, explain: \_\_\_\_\_

**SECTION III (Manger's and Second's Only) Please Print**List names of fighter/s which you currently manage or second:  
\_\_\_\_\_Do you know of any medical conditions the above fighter(s) currently have? **Yes No** If YES, please explain:  
\_\_\_\_\_**SECTION IV - ALL APPLICANTS MUST COMPLETE THIS SECTION - New Jersey Child Support Certification Process**

Please certify, under penalty of perjury, the following:

Yes	No	1) Do you currently have a child support obligation?
Yes	No	1a) If YES, are you in arrears in payment of said obligation?
Yes	No	1b) If "YES", does the arrearage match or exceed the total amount payable for the past six months
Yes	No	2) Have you failed to provide any court ordered health insurance coverage during the past six months
Yes	No	3) Have you failed to respond to a subpoena relating to either paternity or child-support proceeding?
Yes	No	4) Are you the subject of a child-support related arrest warrant?

In accordance with N.J.S.A. 2A:17-56.44d, an answer "Yes" to any of the numbered questions 1a through 4 will result in a denial of licensure. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of licensure

I THE UNDERSIGNED HEREBY DECLARE THAT I HAVE READ THIS APPLICATION AND THAT ALL THE ANSWERS TO THE QUESTIONS ARE TRUE, AND COMPLETE. I UNDERSTAND THAT ANY MISREPRESENTATION OR FAILURE TO ANSWER SHALL CONSTITUTE GROUNDS FOR LICENSE REVOCATION AND OR OTHER APPLICABLE LEGAL PENALTIES.

I ALSO UNDERSTAND THAT BY SIGNING THIS APPLICATION THAT I AM AUTHORIZING THE STATE ATHLETIC CONTROL BOARD TO CONDUCT A FULL INVESTIGATION INTO MY BACKGROUND AND ACTIVITIES. I UNDERSTAND THAT THE OFFICE OF THE ATTORNEY GENERAL AND THE NEW JERSEY STATE POLICE MAY PARTICIPATE IN THIS BACKGROUND INVESTIGATION.

TO ALL COURTS, PROBATION DEPARTMENTS, SELECTIVE BOARDS, EMPLOYERS, EDUCATION INSTITUTIONS FINANCIAL INSTITUTIONS AND ALL GOVERNMENT AGENCIES, FEDERAL, STATE AND LOCAL, WITHOUT EXCEPTION, BOTH FOREIGN AND DOMESTIC. I HAVE APPLIED FOR A LICENSE WITH STATE ATHLETIC CONTROL BOARD AND FOR THE PURPOSE OF THIS APPLICATION, YOU ARE HEREBY AUTHORIZED TO RELEASE ANY AND ALL INFORMATION PERTAINING TO ME, DOCUMENTARY OR OTHERWISE, AS REQUESTED BY ANY APPROPRIATE EMPLOYEE, AGENT OR REPRESENTATIVE OF THE STATE ATHLETIC CONTROL BOARD, THE OFFICE OF THE ATTORNEY GENERAL OR THE NEW JERSEY STATE POLICE.

I THE UNDERSIGNED STATE THAT A PHOTOSTATIC OF THIS AUTHORIZATION WILL BE CONSIDERED AS EFFECTIVE AND VALID AS THE ORIGINAL.

FURTHER, I AM AWARE AND AGREE THAT MY SIGNATURE CONSTITUTES A WAIVER OF LIABILITY AS TO THE STATE OF NEW JERSEY AND ITS INSTRUMENTALITIES AND AGENTS FOR ANY DAMAGE RESULTING IN DISCLOSURE OR PUBLICATION IN ANY MANNER, OTHER THAN A WILLFULLY UNLAWFUL DISCLOSURE OR PUBLICATION, OF ANY MATERIAL OR INFORMATION ACQUIRED DURING THE LICENSURE CONSIDERATION PROCESS OR DURING ANY INVESTIGATIONS, INQUIRY OR HEARING.

I HEREBY AUTHORIZE THAT RELEASE OF ANY CRIMINAL HISTORY RECORD INFORMATION TO THIS AGENCY ONLY FOR THE EXPRESS PURPOSE OF PROCESSING MY APPLICATION FOR A LICENSE. THE AUTHORITY TO REQUEST CRIMINAL INFORMATION IS SET FORTH IN THE N.J.S.A. 5:2a-15.

I UNDERSTAND THAT THE DISCLOSURE OF MY SOCIAL SECURITY NUMBER ON THIS APPLICATION IS VOLUNTARY AND THAT IT WILL ONLY BE USED FOR PURPOSES OF PROCESSING MY APPLICATION.

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**Sign your name inside the width of the box with thick black marker (large & bold)**

**PRINT NAME:** \_\_\_\_\_